MCO 306

ACCOMMODATION FOR HOSPITAL DERMATOLOGY SERVICES

A DESIGN GUIDE

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
OCTOBER 1976

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Preface

Dermatology is a speciality in which the out-patient case-load is high in relation to the in-patient treatment load. The provision of improved out-patient facilities would have the effect of allowing more cases to be dealt with on an out-patient basis and would thus reduce the number of admissions to hospital. The relatively small demand for in-patient facilities in dermatology indicates that these are probably best organised on an area basis. Out-patient facilities, however, will be required in virtually all districts and have therefore been emphasised in the Design Guide. Moreover, post-graduate training is best carried out in the out-patient department.

I. Scope

1. This Design Guide gives guidance on the basic facilities required for the provision of dermatology services within a hospital out-patient department, together with an indication of certain minimum requirements for in-patient accommodation.

2. The guidance should be read in conjunction with Hospital Building Note No 4 - Ward Units, Hospital Building Note No 12 - Out-Patient Department, and Scottish Hospital Planning Note No 6, Organisation and Design of Out-Patient Departments. In hospitals where medical students are taught, reference should be made to the document "Teaching Hospital Space Requirements".

II. General considerations

Function and organisation

3. Dermatology is a specialty in which the out-patient case load is high in relation to the in-patient treatment load. Out-patient clinics are therefore likely to be held in most district general hospitals but in-patient facilities will be appropriate only in certain district general hospitals.

4. Improved out-patient facilities, including treatment and daily dressing clinics, can reduce the number of patients requiring admission to hospital. Treatment in health centres and by nurses attached to general practitioner services also offers scope for future reduction in hospital out-patient attendances.

5. Where it is geographically feasible every consultant should undertake at least one session in a hospital at which he can make regular contact with another dermatologist - preferably at the hospital where the in-patient unit is located.

6. The facilities required for the treatment of dermatology patients in out-patient departments is seen as taking the form of a specialised suite of rooms provided in association with general purpose consulting and examination accommodation.

7. In densely populated areas the requirements might be such that more than one consultant dermatologist should be based on the in-patient unit with clinics at other hospitals in the area. Elsewhere it might be difficult to achieve this, and to cover rural areas it might be necessary for a consultant dermatologist to undertake clinics in health centres or community hospitals but normally such clinics should be held only in those centres where the workload justifies one visit a week.

General statistics

8. The numbers of consultant dermatologists in England for the three years ending 1974 were as follows:-

1972 166 (whole-time equivalent 136.3)
1973 168 (whole-time equivalent 139.6)
1974 173 (whole-time equivalent 146.0)

The distribution in relation to case-load per consultant was approximately as follows:

Year	Population	Average available beds	Average occupied beds	In-patients total admissions in the year	Clinic sessions weekly	New patients per clinic session	Total attendances per clinic session
1972	279,000	12.1	8.2	139.2	5.8	8.2	30.5
1973	276,000	11.3	7.4	124.4	5.8	8.1	29.9
1974	268,000	10.8	7.2	123.5	5.7	7.9	29.0

Out-patients

9. The number of weekly out-patient clinics undertaken based on hospital dermatology statistics in England is equivalent to 2 per 100,000 population.

10. In some places patients may attend additionally by appointment for special purposes such as wart treatment, patch testing, treatments and dressings for leg ulcers, psoriasis, etc (see paragraphs 23, 28 and 34).

11. The extent of the accommodation required will depend on the case-load and the number of clinics held in health centres and elsewhere. Hospital Planning Note No 6 (Scottish Home and Health Department) estimates the requirement for consulting/examination rooms for a dermatology case-load of 2,500 new patients a year to be 10 doctor sessions (20 room sessions) weekly. From calculations based on hospital dermatology statistics in England, this would correspond to a population of about 284,000 although there is a good deal of variation between one area and another.

12. In addition to the consultants mentioned in paragraph 8 there will be supporting medical staff. Hospital medical staff statistics indicate that the ratio of supporting to consultant staff is approximately 2 to 3. The total medical staff in relation to a catchment area of about 280,000 will require out-patient clinic facilities equivalent to the 10 doctor sessions referred to in the previous paragraph. For planning purposes the number of assessed doctor sessions for dermatology should be included with those calculated for other specialities to determine the overall out-patient clinic facilities for the district general hospital.

In-patients

13. In view of the comparatively small number of beds required, subject to local circumstances, the in-patient provision for dermatology is likely to be best organised on an area basis. In England the numbers of available beds and occupied beds, per 100,000 population, for the three years ending 1974 were as follows:-

1972	4.3	available 3.0 occupied
1973	4.1	available 2.7 occupied
1974	4.0	available 2.7 occupied

14. Ward accommodation would form part of the acute general ward provision of the district general hospital in which the dermatology in-patient unit is situated. The dermatology beds should be sited together in association with the acute general medical wards to assist in providing the junior medical staff cover required.

15. Children should be nursed in children's wards, with any special treatment requirements where necessary being undertaken by nurses experienced in dermatology.

III. Out-patient requirements

General

16. Where possible dermatology out-patient clinics should be held in the out-patient department of the district general hospital so as the same basic consulting/examination accommodation can be used, and a high level of usage ensured for the special facilities provided.

17. New out-patient departments are planned to provide separate accommodation and facilities for children where children's sessions in any appropriate specialty would be held. Separate children's sessions in dermatology should be held where this would be justified by the case-load.

Entrance, reception and waiting

18. There should be no separate entrance, reception or main waiting space for patients; these would form part of the main out-patient department facilities.

Consulting/examination rooms

19. The design of these rooms should follow the pattern of those provided for general use in the out-patient department as a whole. The activities in dermatology suites will include the need for the application of dressings and bandages to many patients. Where type "A" rooms are provided, two rooms per doctor session will be required.

20. The demand for post-graduate teaching is likely to increase, and in dermatology, this is best carried out in the out-patient department. Where possible a larger size consulting/examination room should be provided for this purpose. The aim would be to make this provision at area level at the district general hospital which will have in-patient dermatology accommodation.

21. Natural lighting is required by dermatologists and is essential in all consulting/examination rooms, and highly desirable in the general purpose treatment room, the ultra-violet light treatment room and the treatment bathroom. The use of an additional consulting/examination or other room capable of being blacked out is required for using Wood's light.

Patch testing for allergic contact dermatitis

22. The confirmation of the suspected cause of allergic contact dermatitis can be reliably obtained only by patch testing. The test procedure is simple but time consuming. Patch tests are read 48 and 96 hours later and the correct interpretation of the reactions requires experienced staff. Unless clinics are held very frequently it follows that provision is necessary for this to be undertaken on days other than when clinics are held.

Treatment needs

23. Facilities for out-patient treatment for patients suffering from hand eczemas, leg ulcers, psoriasis, etc such as ultra-violet light, baths and the application of ointments and daily dressings can reduce the need for in-patient treatment. These facilities may be required on a daily basis and arrangements may have to be made for patients who are at work and need to attend daily to be treated at times when the out-patient department is closed, and specially where this is not possible in a community-based hospital or Health Centre.

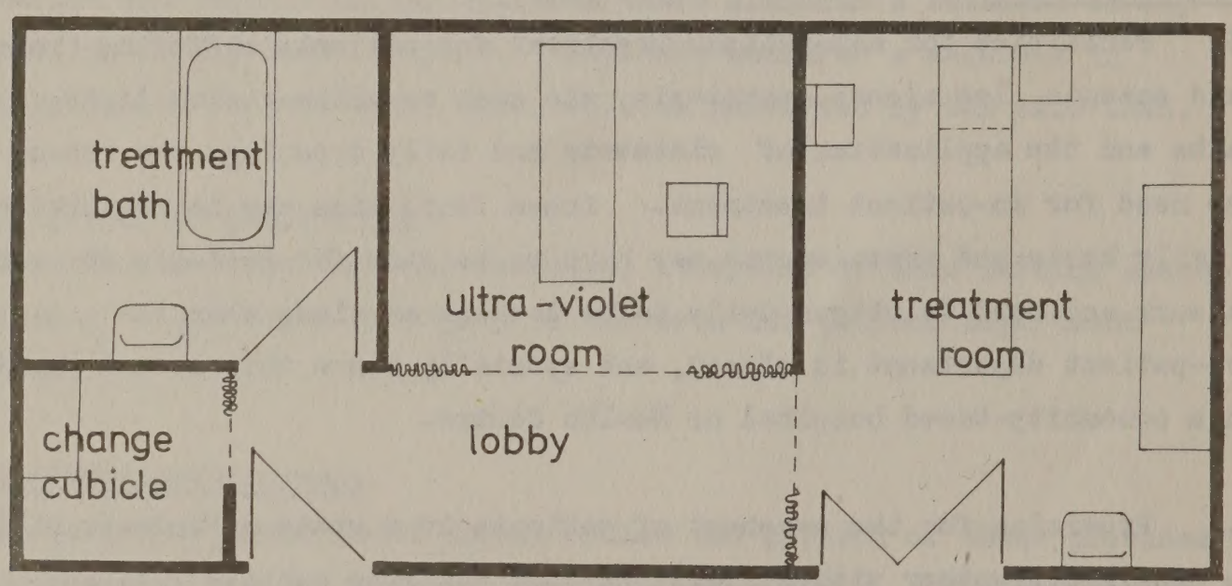
24. Provision for the movement of patients in a state of undress will be required together with at least (a) one changing cubicle (b) one bathroom (c) one ultra-violet treatment room (d) a general purpose treatment room where dressings may be applied and (e) WC facilities. These could be conveniently grouped together to form a daily treatment suite, and according to their relationship with other accommodation would probably require a small sub-waiting area associated with them for these purposes. In such treatment areas many patients can be instructed how to treat themselves, thereby reducing the nursing load.

25. For planning purposes the dermatology daily treatment suite should be situated in a convenient location to a group of general purpose consulting/examination rooms. To ensure maximum usage the design should permit the use of the general purpose treatment room for other specialities, when there is no dermatology session in progress.

26. Suggested areas for the accommodation mentioned are as follows:

		m^2
(a)	Changing cubicle	3
(b)	Bathroom	8.5
(c)	Ultra-violet light treatment room	9.5
(d)	General purpose treatment room	14

The diagram below indicates a suggested layout for these facilities. Appropriate WC provision which is not indicated in the diagram must be made in association with the unit.



sub-wait

utility

consulting / examination rooms

Staff facilities

27. The guidance in this document deals solely with dermatology requirements and no information is given on staff facilities. Such facilities would normally form part of the general out-patient departmental provision for staff.

Minor operating

28. Part-time use of the general purpose treatment room for probably 1 to 2 sessions weekly will be required for the treatment of warts, biopsies etc which do not require general anaesthesia.

Radiotherapy

29. This should be undertaken in the radiotherapy department under the supervision of the consultant radiotherapist, after the patient has attended a dermatology clinic. In some cases a joint dermatology/ radiotherapy clinic might be possible.

Office accommodation

30. Office and secretarial accommodation will be required and this need should not be overlooked.

IV. In-patient requirements

General

31. If an entire nursing section is required for patients with dermatological conditions a standard general acute ward would be suitable: Otherwise part of a ward complex can be utilised with appropriate use and sharing of facilities - see also paragraphs 13 to 15.

Single rooms

32. A high proportion - up to 40% - of dermatology beds should be in single rooms, as (a) some patients eg those with exfoliative conditions may carry staphylococci and other infections in skin lesions and (b) some patients may be undergoing treatment with certain drugs such as methotrexate, steroids, etc which may involve increased susceptibility

to infections. Ideally these rooms should be situated in the dermatology in-patient area, but this may not always be feasible; in which case the facilities provided in isolation accommodation may be suitable for some patients.

Bathrooms

33. A high proportion of baths is necessary - a ratio of 1 to 6 patients is suggested. It is preferable for baths for dermatology patients not to be shared with other patients because they may become stained with the lotions and ointments used. However in some units baths are shared without any problems arising.

Ultra-violet light therapy and other treatment

34. Access to ultra-violet light therapy will be required - (see paragraphs 23-25). In some instances it may be appropriate for the daily out-patient treatment outlined in paragraph 10 to be carried out using facilities provided in association with the in-patient unit.

V. Engineering services

35. Engineering services should be designed and installed to ensure ease of maintenance with the minimum interruption of services and disturbance to the working of the hospital while repairs are being carried out. The guidance in Hospital Building Note No 4 - Ward Units, and Hospital Building Note No 12 - Out-patient Department, should be followed.

Heating and ventilation

36. Space heating requirements should be calculated on the following recommended design temperatures and ventilation rates, based on an outside temperature of minus 1 degree C:

Space	Temperature °C	Air changes/hour
Consulting and examination rooms	18	3
Changing cubicle	18	2
Bathroom	21	2
Ultra-violet light treatment room	21	6
General purpose treatment room	21	6

The temperatures of rooms located in the out-patient department can be reduced to save running costs when the building is unoccupied.

37. Installation details of heating and ventilation equipment are given in Hospital Building Note No 12 - Out-patient Department.

38. Temperature control is critical in in-patient accommodation. Any marked changes in temperature, particularly increases, are liable to cause discomfort to patients and adversely affect their skin condition. Thermostatic control of room temperatures should therefore be provided in single rooms.

Electrical installation

39. The electrical installation should include wiring and equipment for general and special lighting, socket outlets, heating, ventilation, telephones, clocks and call systems. Details of installations are given in Hospital Building Note No 12 - Out-patient Department.

Lighting

40. The recommended illumination values at 0.85m above floor level together with the limiting glare indices are as follows:

Space	Lux	Limiting glare index
Consulting and examination rooms	200*	16
Changing cubicle	125	
Bathroom	125	
Ultra-violet light treatment room	200	16
General purpose treatment room	200	16

* Natural lighting should be available in all consulting/examination rooms.

Mains voltage outlets

41. Sufficient 13 amp, universal type switched, shuttered socket outlets, connected to ring or spur circuits, should be provided to allow all portable appliances likely to be used simultaneously to be individually supplied from separate convenient outlets.

The following minimum scale of socket outlet provision is recommended:

Space	Scale
Ultra-violet light treatment room) General purpose treatment room)	Two twin outlets in addition to provision for fixed electrical apparatus
Consulting/examination rooms	Two twin outlets and two single outlets

42. Telephones, electric clocks, staff location system, patients' call system and fire alarms should all be provided as outlined in Hospital Building Note No 12 - Out-patient Department.

VI. Cost and other relevant information

Cost control

43. For cost control purposes the lump sum Cost Guide figures for the given functional unit shown in the Departmental Cost and Area Guide (Hospital Building Procedure Note No 6: part of CAPRICODE), will be applicable. This figure includes basic accommodation together with circulation.

44. Departmental guidance documents recommend the levels of accommodation and services for hospital departments which the Department of Health and Social Security consider it reasonable to provide. Health Authorities are at liberty to depart from the design recommendations given in such documents provided they are satisfied that the levels of accommodation and services they adopt are adequate. The Departmental Cost Allowance however is to be regarded as the maximum sum available for a department requiring the basic services specified in this Guide. Health Authorities are encouraged to produce designs for the provision of appropriate accommodation and services at a cost less than the Departmental Cost Allowance.

45. The accommodation for hospital dermatology services Cost Guide figures provide for the basic accommodation detailed in paragraphs 24 to 26 above and for the engineering services detailed in paragraph 49 below.

Apportionment of costs

46. An assessment of the notional cost apportionment between the building and engineering service elements should be made at Procedural Stage 3A (Notional/Provisional Cost Plan - Hospital Building Procedure Note No 1: part of CAPRICODE).

Circulation space

47. For the purposes of preliminary planning the area occupied by internal circulation space and internal walls and partitions represents, on average, an addition of 55% of the net floor area of the basic accommodation.

Plant rooms

48. Any plant space required is deemed to be included in the provision for the general out-patient department.

Engineering services

49. The following engineering services are included in the quoted cost of basic accommodation shown in the Departmental Cost Guide:

(a) Mechanical services:

Heating	-	by low pressure hot water flush-fitting radiators.
Ventilation	-	Plenum filtered warm air supply and mechanical extract from ultra-violet light treatment room and general purpose treatment room. Mechanical extract from changing cubicle.
Hot water supplies	-	From central supply not including calorifier(s).
Cold water supplies	-	From central supply not including storage tanks.

(b) Electrical services:

Lighting (including fittings), socket outlets, wiring for Groups 1 and 2 equipment, wiring for mechanical services, sub-mains, sub-distribution boards and switchgear within the department, emergency installations, patient/nurse call system, staff location system, clocks and fire-alarm system.

(c) Equipment:

Receivers for staff location system.